

Foster Family Home - Corrective Action Report

Provider ID: 1-180004

Home Name: Katherine De Vera CNA

Review ID: 1-180004-1

91-1039 Puaina Street

Reviewer: Carrie Wakai

Ewa Beach

HI 96706

Begin Date: 3/30/2018

End Date: 4/30/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 2 bed CCFFH certification survey. A corrective action report was issued during the visit with a Corrective Action Plan due to CTA by 4/14/18.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)- No tuberculin skin test present on CG#3 although a TB clearance form was completed.

Carrie Wakai RN
Compliance Manager

Katherine de Vera
Primary Care Giver

3-30-18
Date

3-30-18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: KATHERINE DE VERA

CCFFH Address: 91-1039 Puaina St. Ewa beach Hawaii 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41 b.7	TB. clearance was obtained for CG #3 it was placed into the client record	4-2-18	I made a list of all item w/ expiration dates. and have placed in the front of my CTA Binder. I understand to check all the requirements.

Primary Caregiver's Signature: Katherine De Vera

Print Name: KATHERINE DEVERA

Date of Signature: 4-2-18